Reiteration of Basic Information

Address offers to:	Department of Veterans Affairs Network Contracting Office 6 ATTN: Patrick Stultz 1970 Roanoke Blvd. Salem, VA 24153
Bid Opening Time:	October 2, 2014 at 1:30 PM (EST)
Bid Opening Location:	Salem VA Medical Center* Building 74; Room 232 1970 Roanoke Blvd. Salem, VA 24153

***NOTE: Parking at the Salem VAMC is limited. Please ensure that if you hand deliver your bid that you allow yourself plenty of time to park and arrive at the bid opening location prior to 1:30 PM (EST). NO LATE BIDS WILL BE ACCEPTED.**

Answers to Questions for Project No. 658-13-101;

Replace Nurse Call System & Patient Wandering System

Submitted 9/5/2014:

1. Bidders shall affix a price to each bid item. Failure to do so may render the bid as nonresponsive. Does this statement indicate our response must include a bid for nurse call and patient wandering or can we choose to only respond with a bid for nurse call?

   Answer: A responsive offer MUST include a bid for ALL seven (7) bid items….The subject solicitation includes seven (7) bid items, which are detailed in the Bid Item List (pgs. 6-7 of 49). The offeror is required to affix a price for each of the seven (7) bid items. If an offer does not include a price for each bid item than that offer will be deemed nonresponsive and will not be considered for award.

2. Will contractor be responsible for asbestos abatement?

   Answer: It is not anticipated any asbestos or asbestos containing material will be encountered in the areas of work. If however a suspect material is found, the contractor is to stop work and ask the VA to investigate.

3. The functionality requirements state - Support patient stations for controlling the patient room. Your facility does not currently have this capability. Is there a low voltage relay in place, or will one need to be provided? At the walk through, it was indicated that lighting control was not needed but this is required in the RFP document.

   Answer: Lighting control through the patient station pillow speakers or patient stations is not a requirement. The intent of this statement is with regards to television controls and interface with patient beds in addition to specified nurse call features.

4. Your future requirements include -

   1. Staff Locating including CenTrak interface.

   2. CPRS Information sharing throughout the masters and phones/pagers.

   3. Bed Management interface.

   Is the staff locating interface limited to staff locating, or does this need to include asset tracking, environmental monitoring, and hand hygiene compliance?

   Answer: The future and separate CenTrak system would provide the Asset Tracking. Provisions for Environmental monitoring and Hand Hygiene monitoring is not a requirement at this point. There must be provisions for the system to be able to integrate CPRS information in the future if the VA elects to implement this into the Nurse Call system. The provisions for Bed Management includes the capability for EVS and Nursing staff to indicate and display the status of bed cleaning and bed availability for each room in the future if the VA elects to implement this into the Nurse Call system. The system must now integrate with Extension as well.

5. Is the CPRS Information sharing throughout the masters and phones/pagers regarding patient specific information (name, notes, etc.) and/or is this referencing the ability to bi-directionally exchange data with the patient's medical record i.e. send a patient's weight from your beds to your medical record through nurse call?

   Answer: The requirements for sharing CPRS information is for provision only, so that it could be integrated in the future if the VA elects to implement this into the Nurse Call system. The future requirement would be for one way communication

from the patient's medical records to the staff's wireless phones/pagers/master and not visa-versa.

6. Does Bed Management Interface indicate the ability to view and display bed specific data in real time (bed alarm engaged/alarming, side rails up/down, bed low, and brakes on/off)? Does this indicate the ability to arm/disarm the bed exit from nurse call?

   Answer: To define the provisions for future Bed Management interface in the context of this project, we are talking about room being occupied or not, room availability based on cleanup by EVS staff, patient about to be discharged, etc. To answer your question, we do want to have any bed alarms monitored through the nurse call system as part of this project. The provision would be for one way communication from the bed alarms to the phones/pagers/master and not visa-versa. Sharing of the other non-alarm status features mentioned in this question are not a requirement of this project.

Submitted 9/8/2014:

1. Who is providing the EC? The specs mention the EC.

   Answer: EC is defined as Electrical (sub)Contractor. The specifications are written in a way to assist the Prime Contractor in divvying up the necessary work but to not dictate how the Prime Contractor is to bid and divvy up the necessary work. We understand the majority of this project is to be performed by a Nurse Call (sub)Contractor who most often does not self-perform typical conduit and box rough-in and 120V circuitry that an EC would typically do. The Prime Contractor must coordinate with the Nurse Call (sub)Contractor during bidding to ensure that work typically performed by an EC is included in their bid and their scope.

2. Who provides and installs the back boxes and conduit? Page 187 says existing back boxes, but on pages 214 and 215 says EC installs them.

   Answer: The Prime Contractor is to cover the costs of any back boxes and conduit required for this project whether they self-perform it, hire an Electrical (sub)Contractor or if the Nurse Call (sub)Contractor is capable of performing the work. The majority of the project involves replacing existing devices one for one in the existing location and it is assumed that the existing back boxes and conduit is adequate for reuse in these instances, unless otherwise noted. However, an attempt has been made on the drawings to distinguish all new additional devices for which new back boxes and conduit are required to assist in bidding. The Prime Contractor is responsible for ensuring all new devices and wiring are concealed in conduit in walls or on exposed surfaces, whether existing back boxes and conduit can be reused or new rough-in shall be provided.

3. Do we demo the existing nurse call system?

   Answer: Yes, the multiple stand-alone existing nurse call systems in the areas of work are to be completely demolished after the new system is up and running. This is to happen on a phased room to room basis.

4. Page 203 says we provide PCs and servers. Can you confirm this?

   Answer: PC's and servers are required for the new Nurse Call and Patient Wandering systems as dictated by each manufacturer's specific requirements. Contractors must consult with their proposed manufacturers as solutions may vary.

5. Page 203 says master server station PC. What is this?

   Answer: There is a minimum of one master server station PC required for each the Nurse Call system network and the Patient Wandering system network. There may be a separate master server station PC required for items such as Nurse Call reporting as well. Please coordinate with your manufacturer's specific requirements as each may be different.

6. Where is plenum wire needed? It mentions that some ceilings are plenum rated, but which ones?

   Answer: It is noted that the majority of the areas in the scope are Patient Care spaces that do not have plenum rated ceilings. The code requires plenum rated wiring in plenum rated ceilings and the contractor is responsible for providing such wiring in those areas that they may encounter.

7. Locker room: There is a solid ceiling. What type raceway and who provides?

   Answer: In non-aesthetic areas with solid ceilings or walls (such as Locker Rooms) requiring new rough-in, the use of EMT conduit and stamped steel boxes is acceptable and contractor shall paint this exposed rough-in to match adjacent finishes. In aesthetic areas with solid ceilings or walls (such as Patient Care areas), the use of metallic surface raceways and boxes is required. It is up to the Prime Contractor bidding this work to provide these raceways however they decide to divvy up the work.

Submitted 9/9/2014:

1. Does a Cisco Call manager exist at the facility and if so what version?

   Answer: No, the only Cisco equipment on site is data connection only.

2. Who is the elevator vendor for interfacing with patient wandering system and will this handled directly by the VA or will the VA act as intermediate with the elevator vendor?

   Answer: The Prime Contractor is responsible for including in their bid and hiring the Elevator (sub)Contractor to perform the work necessary on their end to fully communicate and function with the new Patient Wandering system. It is the A/E's understanding that the current elevator vendor familiar with these buildings is Dean M. Colozza with ThyssenKrupp Elevator Americas, 7724 Garland Circle, Roanoke, VA 24019.

3. Do all maglocks exits on all doors?

   Answer: The A/E does not completely understand the question but to further assist, the purpose of the maglock devices is to lock the door from both directions in the event that a tagged patient is in the field of that door/elevator and can only be overridden by the local keypad, general fire alarm or delayed egress operation.

4. Do the exiting doors need to interface with any security?

   Answer: There is no known separate security system that the doors in this project are associated with. The modifications to the doors in this project are specifically designed to work in conjunction with the new Patient Wandering system and do not tie into another security system.

5. Do we need track patients on floor or just engage system as patient enter the door fields?

   Answer: The intent of the current system is to only engage the Patient Wandering system in the event that a tagged patient is in the field of a protected door/elevator and not to track them otherwise.

6. Do we need to have computer based system with tracking and floor map or just a standard Annunciator panel?

   Answer: Provide a computer based system with floor map and door/elevator status conditions only. Tracking of patients is not a requirement of this system.

Submitted 9/9/2014:

1. **Section 27 52 23 – General**

   Multiple subsections of the nurse call spec reference directly or indirectly Westcom proprietary components such as the NV-Dome and Home Run Module on page 207. Is the intent to exclude other manufacturers?

   Answer: The intent of this procurement is not to exclude other manufacturers; however, the new system must be compatible with existing VA Medical Center systems and components. Provide necessary components based on each manufacturer's unique solution to fulfill the requirements of the specifications.

2. **Section 27 52 23 – 2.4.4.A.1 Wireless Equipment Systems**

   The specification states that the nurse call/code blue system shall have the ability to interface only with a "VA Certified and Licensed wireless phone system…. The RE and OIT are the only approving authorities for this function" Can the VA provide a list of certified and licensed wireless phone systems to ensure compliance when bidding?

   Answer: There is a concurrent and separate VA project on this campus to implement a CISCO wireless infrastructure, similar to those being implemented across the country at other VA facilities. The new Nurse Call wireless phones associated with this project must be SIP compliant and interface with this CISCO wireless network. The A/E understands that at least CISCO and Vocera wireless phones meet this requirement, however the contractor and their manufacturer need to verify the compatibility.

3. **Section 27 52 23 - 2.1.2.f MET Code**

   The specification states that the dome light upon initiation of a MET code shall assume a Pink/Turquoise flashing. Is the intent to flash between pink and turquoise, or is pink an acceptable substitution for the turquoise color? Our lights are capable of 8 colors (white, red, yellow, orange, green, blue, magenta, and pink) with up to five light patterns (steady, slow flash, fast flash, sequence slow, and sequence fast).

   Answer: It is important to note that there are several existing codes and associated colors that this VA campus uses. The intent is for the Nurse Call manufacturer to provide a color that is not currently in use so as not to confuse the staff with other code calls. The A/E understands that EITHER pink or turquoise and in your case magenta is an available color we can use for MET codes. We will work with the successful Nurse Call manufacturer during construction to coordinate available colors of codes, flash rates, etc.

4. **Section 27 52 23 – 2.1.S.1.n – Call Tone Volume Control**

   Is automatic volume decrease for the system consoles required as suggested by the spec since staff will be carrying portable alert devices?

   Answer: It is specified to give the ability for the staff at the nurse's desk to implement "quite mode" for calls placed during the night.

5. **Section 27 52 23 – 2.4.L.6.F – RGB Color Adjustment**

   The specification requires that the color be adjustable from the PC server. This is unique the Westcom NV-Dome and specifies a specific lamp test power up sequence. Is this required?

   Answer: The intent is not to sole spec Westcom or any other manufacturer for Nurse Call. The ability to change the colors of the dome lights via programming at the PC server is a convenience for the nursing staff, but not a requirement if the manufacturer is not able to provide this feature.

6. **Section 27 52 23 – 2.4.W.3.b – Rauland Specific Requirements**

   During the prebid conference, it was stated that the new call system would not integrate to any existing systems. Is integration to the Rauland system required?

   Answer: The A/E assumes the question is in regards to the existing Rauland Nurse Call system(s). The new Nurse Call system is to completely replace the existing Rauland Nurse Call systems in the areas of renovation. It is understood that there are other existing Rauland Nurse Call systems in areas outside of our renovation that will continue to operate in a stand-alone fashion and do not need to integrate with the new Nurse Call system. The system must integrate with Extension as well.

7. **Section 27 52 23 –2.1.E.2 – CPRS Integration**

   Does the CPRS provide an HL7 output? Is this the same as HL7 referenced in 2.4.D.3?

   Answer: The A/E understands CPRS provides an HL7 output and yes this is the same reference for future provisions.

8. **Section 27 52 23 –2.1.E.3 – Bed Management Interface**

   Does "Bed Management interface" mean additional information beyond patient calls, TV console, and bed exit alarm? If so, what bed features would need to integrate with the nurse call?

   Answer: To define the provisions for future Bed Management interface in the context of this project, we are talking about room being occupied or not, room availability based on cleanup by EVS staff, patient is being discharged, etc. To answer your question, we do want to have patient calls, TV console and any bed alarms monitored through the nurse call system as part of this project. There are

no other bed management requirements.

9. Section 27 52 23 – 2.1.J – LED Dome Light Supervision

The current UL 1069 (Version 7, 2007) views LED dome light indicators as maintenance free and does not require the LEDs to be supervised unlike bulbs. Are LEDs in place of bulbs acceptable?

Answer: LED dome lights are acceptable and encouraged.

10. Section 27 52 23 -- 2.1.T.1.m - Quiet Mode

Does "Quiet Mode can also affect radio pager beeping sequence" refer to the tone the beeper emits or the routing of calls to staff members carrying pagers?

Answer: Quiet Mode in this section refers to the tone that the beeper emits.

11. Section 27 52 23 -- 2.1.T.1.v - Interface with Computerized Systems

"Interface with computerized system(s) to receive external equipment alarms": is this only the Telemetry system as referenced elsewhere or does this mean other systems such as HVAC, temperature, etc? What is the interface?: contact closure, serial port, TCIP over the facility's LAN, or?

Answer: This is only for the existing hospital equipment alarms mentioned elsewhere as in Section 27 52 23 paragraph 2.1.cc, via contact closures and ¼" jacks.

12. Section 27 52 23 -- 2.1.T.1.u and 2.1.T.1.z – Cell and Mobile Phone

Does "cell phones" and "mobile phone" mean a phone on the cellular network or is this the same as the in-house wireless phones referenced elsewhere in the specification?

Answer: Those references are one in the same and refer to the in-house Nurse Call wireless phones that are to communicate on the separate CISCO wireless network.

13. Section 27 52 23 -- 2.4.F.1.a – Code Blue Annunciator

Is a CRT display or wall-mounted nurse console an acceptable alternate for a bulb based code blue annunciator panel?

Answer: There is NO requirement for a separate code blue annunciator as the drawings indicate a master station to receive code blue calls at each Nurse's desk, the Switchboard Operator and the ED.

14. Section 27 52 23 -- 2.4.L.1 – Server Requirements

Is this the main server for the nurse call or for the integrations? Does the nurse call system need to be PC based or can it be firmware based providing the same functionality as detailed in the specification?

Answer: There will be main servers required for both Nurse Call and Integrations.

15. Section 27 52 23 -- 2.4.L.2.q – Sub Master Station

To conserve desk space, can the sub-master basic station be 5.7" in size? Is it a requirement that the sub-master be Windows based or can they be firmware based and provide the same functionality as required in this specification?

Answer: The sub-master stations can be smaller in size and do not have to windows based. They can be firmware that provides the same functionality as required in the specifications.

16. Section 27 52 23 -- 2.4.L.2.a.7 and 2.4.L.2.a.8 – Graphical Map Call Display

Is the graphical map call display view a requirement?

Answer: Correct, this is a requirement.

17. Section 27 52 23 -- 2.4.L.9.n – Toilet Station Requirements

Is a red push button acceptable? Note that the industry standard is red for a call button while yellow is typically reserved for staff presence

Answer: Red is acceptable and required for the Toilet Stations. Provide yellow push buttons for the Staff Assist push buttons described in paragraph 2.4.L.10. below.

18. Section 27 52 23 -- 2.4.L.10.E and 2.4.L.11.e – Station Dry Contacts

Is the dry contact output required? What other device will the dry contact output activate?

Answer: There are no other devices that the dry contact output will activate. It is not required above and beyond the internal communications with the Nurse Call system.

19. Section 27 52 23 -- 2.4.L.11.k – Code Blue Cancellation

Is a separate cancel button acceptable? This prevents accidental activation from over pressing.

Answer: A separate code blue cancel button is acceptable as long as it can physically fit in the space allotted.

20. Section 27 52 23 - 2.4.L.15 – ¼" Interface on Patient Stations

Is a ¼" receptacle on the patient station an acceptable alternative to a breakout box to convert the ¼" specialty call cord to the pillow speaker connector on the patient station?

Answer: The break out box was specified in this reference where we have specialty call cords. The reasoning behind it is that we already have either 3 or 6 ¼" jacks specified give the unit type and this is in addition to those. A break out box is not required if the manufacturer can provide an additional 4th or 7th ¼" jack in the same allotted physical space.

21. Section 27 52 23 - 2.4.L.17.A – Construction of Stations

Can the stainless steel construction be substituted with fire-retardant, high-impact hospital grade molded thermoplastic?

Answer: Yes, this can be substituted as suggested.

22. Section 27 52 23 - 2.4.P.2 – Phone Protocols

Is the "proprietary wireless phone systems protocols" the same as the requirement for SIP protocol as stated in 2.4.R.7

Answer: Correct, this is one in the same.

23. Section 27 52 23 - 2.4.P.3 – Wireless Messaging – 3rd Party Integration

What interface (serial, contact closure, is the input from 3rd party vendors for alarms? Is this the functionality of the nurse call directly or is the nurse call and 3rd party vendors interfaced through middleware?

Answer: This is a provision for future "yet to be determined" 3rd party alarms that would be worked out at that time with the 3rd party vendor Extension through middleware and integration.

24. Section 27 52 23 - 2.4.P.5 – Wireless Messaging – Mobile Device Assignment

Is a team of up to three caregivers with a unit level backup acceptable for staff to patient assignments?

Answer: There is a possibility of up to 14 wireless phones for staff on a given unit plus 6 pagers for code staff that could get programmed at any given time to accept call/code messages from the same patient bed. While the specifications indicate unlimited, there is an absolute minimum of 20 caregivers that need to receive common messaging.

25. Section 27 52 23 - 2.4.P.9 and 2.4.P.14 and 2.4.Q.2 – Tone Assignment

Is a distinctive tone for code blue a requirement? Pocket page systems do not provide differentiated alert tones from the TAP output from a nurse call system.

Answer: There is a not a requirement for pagers to receive distinctive tones, if they do not have this feature.

26. Section 27 52 23 - 2.4.Q.4 – Timed Messages

Are the timed messages a requirement of the nurse call, middle ware, or pocket page system?

Answer: It is not the intent for the A/E to determine how each manufacturer meets the specifications; however, it is assumed that the Nurse Call system itself should be able to perform this task without middleware.

27. Section 27 52 23 - 2.4.R.5, 2.4.R.11, 2.4.R.12 – Distinctive Ringing

Are unique ring tones based on call priority a requirement as the SIP standard (as required in 2.4.R.7) does not support differentiated ring tones?

Answer: There is a not a requirement for wireless phones to receive distinctive tones, if they do not have this feature.

28. Section 27 52 23 - 2.4.V.1, 2.4.V.15.b – Housekeeping Workflow

Is housekeeping workflow a requirement of the system? The functionality is not described anywhere in the specification.

Answer: It is not a requirement to have housekeeping workflow incorporated into this project, only the provisions to add it in the future if the VA elects to implement it.

29. Section 27 52 23 - 2.4.V.9 – Caregiver Assignment to Room

Is a team of up to three caregivers with a unit level backup acceptable for staff to patient assignments?

Answer: There is a possibility of up to 14 wireless phones for staff on a given unit plus 6 pagers for code staff that could get programmed at any given time to accept calls/codes from the same patient bed. While the specifications indicate unlimited, there is an absolute minimum of 20 caregivers that need to receive common calls/codes.

30. Section 27 52 23 - 2.4.V.15.d – Patient Profiles

What does "patient profiles" mean? Does this mean patient information as referred to in section 2.4.D.3.a which states that "data only has to travel one way, i.e. from the admission system to the nurse-call system"? Alternately, is this referring to patient profiles in regards to patient to staff assignments?

Answer: Patient profiles in this context is referring to staff/patient assignments, and room numbers. The question regarding HL7 interface is provisions for future implementation.

31. Section 27 52 23 - 2.4.V.18 – External Inputs

For the requirement "accepts inputs from third-party systems to distribute to distribute to wireless devices", is the interface (serial, contact closure, TCIP/IP, or?). What third party systems are these?

Answer: This is a provision for future "yet to be determined" 3rd party inputs that would be worked out at that time with the 3rd party vendor Extension through middleware and integration.

32. Section 27 52 23 - 2.4.V.22 – Patient Flow

Is patient flow a function of the nurse call or of the RTLS system? Typically this is associated with the RTLS system which is a future option for this project based on section 2.4.F.3

Answer: The patient flow in this context is in reference to entering basic data on each new patient admitted or discharged (name, room number) and the associated nursing staff assigned to them. The question in reference to location of staff member is for future provisions only and would be accomplished through the future and separate RTLS system.

33. Section 27 52 23 - 2.4.W.1 – Middleware

Is the "3rd party middleware" a requirement or only if needed to interface to 3rd party alarms? If it is a requirement, what are the acceptable 3rd parry middleware vendors?

Answer: This in reference to the integration components as listed in paragraph 2.4.W.2. below. These are requirements and are also broken out on the bid form

with regards to bid deducts and most be priced accordingly. The 3rd party integrator now has to be Extension, who has significant experience in these exact integration requirements and middleware components on VA campus's across the country. Please contact Charlie Nowak, EXTENSION, Mobile: 919-912-9511, Email: cnowak@ext-inc.com

Submitted 9/10/2014:

1. Can you confirm that there are no integrations (brand to brand) with existing systems on site for the project? Is this a complete new, stand alone system?

   Answer: Please refer to section 27 52 23 paragraph 2.4.W for integration requirements. There are existing/concurrent system installations that requires integration such as the concurrent CISCO wireless system and concurrent security fiber infrastructure that must be tied into. This Nurse Call system and the Patient Wandering system are both stand-alone systems consisting of individually networked sub-systems. We now understand that the system must integrate with Extension as well.

2. Is the contractor responsible for asbestos abatement on this project?

   Answer: It is not anticipated any asbestos or asbestos containing material will be encountered in the areas of work. If however a suspect material is found, the contractor is to stop work and ask the VA to investigate.

3. Is there any asbestos or lead paint on site that we would encounter?

   Answer: It is not anticipated any lead paint will be encountered in the areas of work. If however a suspect material is found, the contractor is to stop work and ask the VA to investigate.

4. When connecting between buildings, can the existing network infrastructure be utilized?

   Answer: Please refer to the drawings and specifications indicating the connection to existing campus security system fiber within each building that must be extended to each new head end system.

5. The contact documents mentions the use of J-hooks. Can you elaborate where this method of wiring can be utilized?

   Answer: This wiring support method can be utilized above accessible lay-in ceilings at a span of no more than 2' on center.

6. Does any of the wire have to be in conduit? Please clarify the types of wiring and locations.

   Answer: The wiring within walls and on exposed ceilings/walls must be in either conduit (non-aesthetic areas) or metallic surface raceway (aesthetic areas).

7. The contract documents call for the demolition of the existing system. Can any conduit be reused?

   Answer: It is the anticipation that any existing conduit and boxes that are left over from the demolition phase and deemed acceptable can be reused.

8. Can you also clarify the expectation on the reusing any components from the existing system.

   Answer: It is assumed that none of the existing wire, devices and equipment from the existing antiquated Nurse Call system could be reused.

9. It is understood that this work will occur in an active hospital with unpredictable patient loads. Can the contractor assume that they will have at least three rooms to work in each day? How much room availability can we plan on?

   Answer: Please refer to section 26 05 11 paragraph 1.1.E. for a list of rooms that you can expect to work in at a time.

10. Who is responsible for schedule delays caused by unavailability of patient or work rooms?

    Answer: If this becomes of concern during construction, please direct all correspondence regarding scheduling to the VA Resident Engineer assigned to the project at that time.

11. Will the period of performance be extended if work areas cannot be provided?

    Answer: If this becomes of concern during construction, please direct all correspondence regarding requests for extension to the VA Resident Engineer assigned to the project at that time.

12. Can an outside VLAN connection be made into the new nurse call system for updates and remote programming?

    Answer: If the installed Nurse Call system will have any connectivity directly or indirectly through third party software such as Extension, a generic outside VLAN connection is not allowed. Any connectivity will be investigated by the VA OI&T department prior to installation so they will have the final word.

13. Regarding infection control, will containment carts be required for above ceiling work?

    Answer: This is a means and methods issue that needs to be accounted for in the bid and a discussion that needs to take place with the VA's ICRA Officer once the contract has been awarded and prior to working in each area. It is anticipated that ICRA Type III/IV control procedures may be required in some cases based on working in High Risk and Highest Risk Patient areas.

14. If containment carts are required, can you elaborate where they will be needed? For example, are they needed in an empty patient room with the door closed and isolated?

    Answer: This is a means and methods issue that needs to be accounted for in the bid and a discussion that needs to take place with the VA's ICRA Officer once the contract has been awarded and prior to working in each area. It is anticipated that ICRA Type III/IV control procedures may be required in some cases based on working in High Risk and Highest Risk Patient areas.

15. Can as built drawings be supplied for the existing nurse call system?

    Answer: There are no existing nurse call system drawings available. What is included in the bidding documents is demolition drawings representing a survey performed to the best ability of the A/E. It is not meant to construe every existing aspect of the existing nurse call system, especially where it is concealed in walls and above ceilings. In general, the existing device locations and types are shown on the demolition plans.

16. Concerning the sequencing of removing components from the old system while installing the new. Who is responsible for programming changes to the old Rauland system when parts of it are removed?

    Answer: The contractor bidding this work is to include any and all work associated with removing the existing Nurse Call system and making necessary programming changes and clearing any codes while migrating over to the new system.

17. Will service techs for the old system be available during the installation process to remove supervisory codes in order to remove devices from the old system?

    Answer: In general, the existing Nurse Call and Patient Wandering system is not maintained in house and is subcontracted out to contractors trained with this equipment. The contractor bidding this work is to include any and all work associated with removing the existing Nurse Call system and making necessary programming changes and clearing any codes while migrating over to the new system.